

Case Number:	CM14-0212285		
Date Assigned:	01/02/2015	Date of Injury:	02/26/2012
Decision Date:	03/05/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old female who reported an injury on 02/26/2012. The mechanism of injury was not specifically stated. The current diagnoses include exostosis of the first metatarsophalangeal joint, degenerative joint disease of the first metatarsophalangeal joint, overuse injury to the right foot, hallux rigidus, and painful gait. The injured worker presented on 08/27/2014 with complaints of persistent right foot pain. The current medication regimen includes tramadol and Naprosyn. Upon examination, there was minimal telangiectases, severe onychomycosis, significant exostosis of the first metatarsophalangeal joint, painful functionality, and intact sensation. There was +5/5 motor strength in the bilateral lower extremities. X-rays demonstrated findings consistent with symptoms of the first metatarsophalangeal joint. The injured worker was unable to dorsiflex and plantar flex the toe at all, and had a significant rigid fixation of the foot, demonstrating painful weight bearing status. Recommendations at that time included a joint debridement or replacement. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Surgical assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Surgical Assistant.

Decision rationale: The Official Disability Guidelines recommend a surgical assistant as an option in more complex surgeries. According to the documentation provided, the physician has requested a debridement of the first metatarsophalangeal joint of the right foot. The request is not supported by the above mentioned guidelines, as it is a fairly uncomplicated surgery that would not require a surgical assistant. As the medical necessity has not been established, the request is not medically appropriate.

(Associated services) Post op Physical therapy 3 x 4 right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 14.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment for a fracture of 1 or more phalanges of the foot includes 12 visits over 12 weeks. The current request for 12 initial sessions of postoperative physical therapy exceed guideline recommendations. As such, the request is not medically appropriate.

(Associated services) Hot/cold therapy and interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle/foot

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Continuous-flow cryotherapy.

Decision rationale: The Official Disability Guidelines do not recommend continuous flow cryotherapy for the ankle or foot. The effect on more frequently treated acute injuries in the ankles and foot has not been fully evaluated. Therefore, the current request cannot be determined as medically appropriate in this case. Additionally, the medical necessity for an interferential unit has not been established, as it is currently recommended by the California MTUS Guidelines for significant pain from postoperative conditions that limits the ability to perform exercise programs/physical therapy. Given the above, the request is not medically appropriate.

